

Penalty Claim No.

DATE:_____

EPC 2 GRIEVANCE FORM

NATURE OF CLAIM: PENALTY TIME CLAIM / interpr	etation SAFETY/	Work Environment	DISCIPLINE	
Employee's name:		U	NION :	
Employee Pass No	UNION REP./ OFFICER:			
Title:	Work Location:	Run / Tour	Run / Tour of Duty:	
Grievant's signature X		Date:		

GRIEVANCE DETAILS: Please state in detail the matter or issue(s) you wish to be remedied by your filing of this form.

Please remember to include as many details as possible. This will help expedite the investigation and or determination of this claim .

Rule or Work Condition(s) in question :

Now state your case. What is the cause for this grievance? State all facts below : Date & time of incident. If This is a penalty time claim and there were other employee's involved please state the name(s) title(s) and assignment in question. This Claim will be investigated : please make note of all pertinent information How it happened? Who, was involved ? Where did it happen?, What happened ? When Did it happen ? and Why you are filing this grievance? Then let us know what you believe should be done to remedy this matter or issue.

NOTE: The Department Superintendant or Designee has ten (10) days to investigate this claim and thirty (30) days to render a decision.

Dept. Gr, #	Date received By Dept.	Date Of Investigation/Hearing:
LEVEL 1 DECISION:		
Supt. or Designee X	C	Date:
I ACCEPT THE DECIS	ION I DO NOT AGREE	NITH THE DECISION I AM APPEALING/REASON BELOW:

LEVEL 2

EPC 2 GRIEVANCE FORM

CONTINUED

APPEALS MUST BE SUBMITTED WITHIN 30 DAYS to the V.P./ Chief Officer or his Designee to render a decision.

The V.P./ Chief Officer or his Designee will investigate the grievance and appeal within ten (10) days upon receipt, and render a decision within thirty (30) days.

DATE RECEIVED:

DATE INVESTIGATED:_____

LEVEL 2 DECISION:

Date of Decision: _____

SIR V.P. Chief Officer

Union Gen. Chairperson or Designee

or Designee

Additional Info: